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**CONFIRMATION NO. 3647** 

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| APPLICANTS  | · ,  |                  |                              |                               |                        |                     |  |     |                        |  |
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| ** CONTINUING DATA **********************************   |  |                  |                              |                               |                        |                     |  |     | ŷ                      |  |
| ** FOREIGN APPLICATIONS ************************************  |  |                  |                              |                               |                        |                     |  |     |                        |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 05/22/2001  |  |                  |                              |                               |                        |                     |  |     |                        |  |
| Foreign Priority claime<br>35 USC 119 (a-d) con<br>met<br>Verified and<br>Acknowledged                                | ditions  | yes no Met after | Allowance<br>jill<br>iitials | STATE OR:<br>COUNTRY<br>JAPAN |                        | HEETS<br>AWING<br>1 | TOT<br>CLAI<br>6   | IMS | INDEPENDENT  CLAIMS  3 |  |
| ADDRESS<br>22850<br>OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.<br>1940 DUKE STREET<br>ALEXANDRIA , VA<br>22314 |  |                  |                              |                               |                        |                     |  |     |                        |  |
| TITLE<br>Production process of indene   |  |                  |                              |                               |                        |                     |  |     |                        |  |
| 1   | No to charge/credit DEPOSIT ACCOUNT RECEIVED No for following: |                  |                              |                               |                        |                     | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |     |                        |  |